

Pro Se General Complaint for a Civil Case (Rev. 10/16)**United States District Court**

NORTHERN DISTRICT OF ALABAMA

Nathaniel Wayne**Plaintiff**

(Write your full name. No more than one plaintiff may be named in a pro se complaint)

-v-

Case No.

(to be filled in by the Clerk's Office)

JURY TRIAL  Yes  No

2:17-cv-00767-MHH

**Defendant(s)**

(Write the full name of each defendant who is being sued. If the names of all defendants cannot fit in the space above or on page 2, please write "see attached" in the space and attach an additional page with the full list of names)

**COMPLAINT FOR A CIVIL CASE****I. The Parties to This Complaint****A. The Plaintiff**

Name:

Street Address

City and County

State and Zip Code

Telephone Number

Nathaniel Wayne17791 Indian Gap TrailMcCalla, AL 35111 Jefferson205-807-7275 AC 35111205-807-7275**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization or a corporation. If you are suing an individual in his/her official capacity, include the person's job or title. Attach additional pages if needed.

Pro Se General Complaint for a Civil Case (Rev. 10/16)

Defendant No. 1

Name  
Job or Title  
Street Address  
City and County  
State and Zip Code

Karon Tubbs  
Broker  
4651 Main Street  
Gardendale, AL Jefferson  
Alabama 35071

Defendant No. 2

Name  
Job or Title  
Street Address  
City and County  
State and Zip Code

Ketter Williams Realty

Defendant No. 3

Name  
Job or Title  
Street Address  
City and County  
State and Zip Code

Defendant No. 4

Name  
Job or Title  
Street Address  
City and County  
State and Zip Code

Defendant No. 5

Name  
Job or Title  
Street Address  
City and County  
State and Zip Code

Pro Se General Complaint for a Civil Case (Rev. 10/16)

**II. Basis for Jurisdiction**

Federal courts are court of limited jurisdiction (limited power). Generally, only these types of cases can be heard in federal court: a dispute that involves a right in the United States Constitution or a federal law (as opposed to a state law or local ordinance); a dispute that involves the United States of America (or any of its agencies, officers or employees in their official capacities) as a party; and a dispute between citizens of different states with an amount in controversy that is more than \$75,000.

What is the basis for federal court jurisdiction? (*check all that apply*)

Constitutional or Federal Question     USA Defendant     Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction is USA defendant**

The Defendant(s)

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

**B. If the Basis for Jurisdiction is a Constitutional or Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

the userra Act , the Americans with disabilities Act

**C. If the Basis for Jurisdiction is Diversity of Citizenship**

1. The Plaintiff

The plaintiff, (name) \_\_\_\_\_, is a citizen of the State of  
(name) \_\_\_\_\_.

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of the State of  
(name) \_\_\_\_\_. Or is a citizen of (foreign nation) \_\_\_\_\_.

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- b. If the defendant is a corporation

The defendant, (name) Karon Tubbs, is incorporated under the laws of the State of (name) Alabama, and has its principal place of business in the State of (name) Alabama.

Or is incorporated under the laws of (foreign nation) \_\_\_\_\_ and has its principal place of business in (name) Keller Williams Jacksonville, Ar

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy – the amount the plaintiff claims the defendant owes or the amount at issue – is more than \$75,000, not counting interest and costs of court, because (explain)

The defendant violated the ADA Act as well as  
the USERRA Act by not accommodating a  
decorated Service member (Veteran)

III. Statement of Claim

Write a short and plain statement of the claim. Briefly state the facts showing that the plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

The defendant failed to accommodate me while I tried to become gainfully employed as a real estate agent. I was treated by the defendant and wasn't properly accommodated for my disability.

IV.

Relief

State briefly and precisely what damages or other relief the plaintiff asks for the court to order. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive (punishment) or exemplary (warning or deterrent) damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Compensation in the form of Emotional distress, punitive damages and/or deterrent damages if at all possible because 22 veterans commit suicide everyday and the not only denial of employment but failure to accommodate me has caused me to have severe emotional distress.

Pro Se General Complaint for a Civil Case (Rev. 10/16)**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in dismissal of my case.

First Name Nathaniel Last Name Wayne  
 Mailing Address 7791 Indian Gap Trail  
 City and State McCalla, Alabama Zip Code 35111  
 Telephone Number 205-807-7275  
 E-mail Address nathan.gay53@gmail.com  
 Signature of plaintiff Nathaniel Wayne  
 Date signed 05-10-17

**\*\*OPTIONAL\*\***

You may request to receive electronic notifications. You may not file documents or communicate with the Court electronically. All documents must be submitted in paper and you must serve the defendants.

Type of personal computer and related software/equipment required:

- Personal computer running a standard platform such as Windows or Mac OSX
- Internet access (high speed is recommended)
- A Web browser (Microsoft Internet Explorer 7.0 or 6.0 or Mozilla Firefox 2 or 1.5)
- Adobe Acrobat Reader is needed for viewing e-filed documents
- PACER account – Information and registration at [www.pacer.gov](http://www.pacer.gov).
- You will receive one “free” look of the document. Documents must be viewed within 14 days. You must only single-click on the hyperlink to view.

Note: You must promptly notice the Clerk's Office, in writing if there is a change in your designated e-mail address. Failure to update your email address does not excuse failures to appear or timely respond.

Pro Se General Complaint for a Civil Case (Rev.10/16)

E-mail type:

- HTML – Recommended for most e-mail clients  
 Plain Text – Recommended for e-mail accounts unable to process HTML e-mail

Conditioned upon the sufficiency of your electronic equipment which the Court will test and verify receipt, you will be allowed to receive electronic notifications.

Submitting this request the undersigned consents to electronic service and waives the right to personal service and service by first class mail pursuant to Federal Rule of Civil Procedure 5 (b)(2), except with regard to service of a summons and complaint.

When a filing is entered on the case docket, a party who is registered for electronic noticing will receive a Notice of Electronic Filing in his/her designated e-mail account. The Notice will allow one free look at the document, and any attached .pdf may be printed or saved.

**IMPORTANT:**

Messages sent to Yahoo or AOL accounts are frequently found in the spam folder until the court is added to your address book.

E-mail address designated for noticing:

nathan.gay53@gmail.com

Participant signature: Nathaniel Wayne

Date: 05/10/17



**DEPARTMENT OF VETERANS AFFAIRS  
Medical Center  
700 South 19<sup>th</sup> Street  
Birmingham, AL 35233**

In Reply Refer To: 116-B

May 24, 2016

Re: Nathaniel Wayne (DOB: February 28, 1982)

To Whom It May Concern:

I am a psychiatrist at the Birmingham VA Medical Center. I saw Mr. Nathaniel Wayne today, May 24, 2016. He has been diagnosed with posttraumatic stress disorder (PTSD) secondary to his military service in Iraq. He first came to this clinic for treatment in 2008. He has also been diagnosed with a traumatic brain injury which he suffered while in the military. Currently he is considered to have a service connected disability due to PTSD. He has reported a history of multiple suicide attempts due to his mental health symptoms and is currently on the list of veterans considered high risk for suicide.

Mr. Wayne has been involved in treatment in this clinic intermittently since then. This has included both therapy and medication. He seems to have received limited benefit from treatment so far. Although it is possible he may receive additional benefit with treatment, it is most likely that his symptoms of PTSD will continue regardless. Prognosis for dramatic improvement seems guarded at best.

Mr. Wayne reports that he is severely limited in activities he can do by himself. One major impediment is that he reports he can't drive due to severe anxiety and anger and effects of his TBI. He has had to employ a medical assistant to help him with driving and other instrumental activities of daily living.

Although he reports he was granted additional benefits from VA, he states that payment for these benefits has been delayed. He reports this has caused significant financial strain and he is behind on rent and in danger of being evicted. This has resulted in significant exacerbation of his PTSD symptoms and currently they seem fairly severe. If evicted, I predict his PTSD symptoms would be further worsened. It would be of great assistance to him for any financial aid to be expedited. Please take this into consideration as appropriate.

A handwritten signature in black ink that appears to read "John Gewin".

John Gewin, MD  
Psychiatrist  
Birmingham VA Medical Center

# Progress Notes

Printed On Oct 14, 2016

LOCAL TITLE: MH INTAKE NOTE  
 STANDARD TITLE: MENTAL HEALTH ADMISSION EVALUATION NOTE  
 DATE OF NOTE: JAN 14, 2008@15:19 ENTRY DATE: JAN 14, 2008@15:19:26  
 AUTHOR: PARKER, PAMELA E EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT/SOURCE OF REFERRAL: Jeff Bloch, SW

**HISTORY OF PRESENT ILLNESS:**

Best friend killed in June last year, wife of 2 years left him while he was there, he hasn't seen his wife and daughter since before he left. He was told while in Iraq that his wife had separated from him. He is troubled by loud noises, finding himself stuttering.

He is very worried about his memory, trouble with short term memory. +Nightmares increasing to almost every night, flashbacks, avoids crowds, isolating himself.

Social support=mom, dad works a lot, brother not really available.

Sleep disturbed, stays up until 1100 nightly, avoids caffeine, watches tv until he falls asleep, awakens during the night gasping for air, feeling like he is in a state of panic.

**PAST PSYCHIATRIC HISTORY:**

Patient has been treated with paxil and klonopin. He was given zoloft, fluoxetine, which were not helpful.

First treated shortly after arrival in Mosul, treated with klonazepam and paroxetine.

**PAST MEDICAL HISTORY:**

Broken Left ankle foot (recurring stress fxs) in marine training.

**CURRENT MEDICATIONS:**

none

**ALLERGIES:** nkda

**SOCIAL HISTORY:**

Development--Grew up in Fultondale,  
 Education--HS, joined military immediately following hs  
 Marriage--once

Children--one daughter

Military--Marine Corps--injured as rifleman 0311, Army later accepted him, 11 Bravo, military x4 years. He requested R&R during duty, but it was denied.  
 Occupation--working desk job overseeing construction off hwy 280.

**FAMILY HISTORY:** no psych hx known

**SUBSTANCE USE:** no illicits, drinks on the weekends, 12 pack per weekend

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**  
 WAYNE, NATHANIEL  
 4457 canterbury st  
 MOUNT OLIVE, ALABAMA 35117  
 DOB:02/28/1982

**VISTA Electronic Medical Documentation**  
 Printed at BIRMINGHAM VAMC

# Progress Notes

Printed On Feb 08, 2012

LOCAL TITLE: TBI SECOND LEVEL EVALUATION  
 STANDARD TITLE: TBI NOTE  
 DATE OF NOTE: FEB 08, 2012@10:04:57 ENTRY DATE: FEB 08, 2012@10:04:58  
 AUTHOR: HANNAH, JOANNA A EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

1. Marital Status: Divorced or separated
2. PreMilitary Education: HS or equivalent
3. Current Employment Status: Unemployed looking for work
4. OEF/OIF Injury Dates:

Injury1: 6/07

Injury2:

Injury3:

5. Injury Etiology:

- 5a. Bullet:No Episodes:
- 5b. Vehicular:No Episodes:
- 5c. Fall:No Episodes:
- 5d. Blast:Yes Episodes:5 or more

Blast Details:

- 5d1. Blast Primary:Yes  
Episodes:5 or more  
Distance:50 feet or more
- 5d2. Blast Secondary:No  
Episodes:  
Distance:
- 5d3. Blast Tertiary:Yes  
Episodes:  
Distance:
- 5d4. Blast Quaternary:No  
Episodes:  
Distance:

5d5. Blast Type Details:  
Bomb

- 5e. Other Injury Etiology:

Were you Injured in any other way:No  
Other Injury Description:

6. Loss of Consciousness: Yes

#of occurrences: 1  
duration of longest period of loss of consciousness: 1 minute to 30 minutes

- 7a. Disorientation or Confusion: No

#of occurrences:  
duration of longest disorientation or confusion: No alteration of

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

GAY, NATHANIEL WAYNE  
4007 Virginia Lane  
HELENA, ALABAMA 35080  
420253592

VISTA Electronic Medical Documentation

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months.

An alcohol screening test (AUDIT-C) was positive (score=9).

1. How often did you have a drink containing alcohol in the past year? Two to four times a month

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? 10 or more

3. How often did you have six or more drinks on one occasion in the past year? Weekly

**2. SCREEN FOR INFECTIOUS DISEASES AND CHRONIC SYMPTOMS**

**2A. SCREEN FOR GI SYMPTOMS**

The patient reports no GI symptoms.

**2B. SCREEN FOR FEVER**

The patient reports no unexplained fevers.

**2C. SCREEN FOR SKIN RASH/LESIONS**

The patient reports having a persistent papular or nodular skin rash.

Comment: Rash on leg and back of arms.

**2D. SCREEN FOR OTHER SYMPTOMS**

The patient reports having other physical symptoms that have lasted 3 months or longer and have interfered with ADLs.

Symptoms: Forgetfulness very bad.

**3. SCREEN FOR DEPRESSION (PHQ-2)**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things?

Nearly everyday.

2. Feeling down, depressed, or hopeless?

Several days.

Summary Score = 4 and PHQ-2 is positive.

**4. SCREEN FOR PTSD**

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you:

1. Have had any nightmares about it or thought about it when you did not want to?

Answer: Yes

2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

Answer: Yes

3. Were constantly on guard, watchful, or easily startled?

Answer: Yes

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consciousness

7b. Period of Post Traumatic Amnesia: No

#of occurrences:

duration of longest PTA: No Post traumatic Amnesia

8. Penetration of skull/cranium: No, non-penetrating

9. Patient was wearing a helmet: No

10. Patient was evacuated from theatre: No

11. Patient has had prior treatment TBI: No

medications for prior TBI:

12. Patient experienced a brain injury or concussion prior to their OEF/OIF deployment: No

13. Patient experienced a brain injury or concussion since their OEF/OIF deployment: No

14. Patient has been told they are acting differently : Yes

15 Neurobehavioral Symptoms

15a Feeling Dizzy: None 0

15b Loss of Balance: None 0

15c Poor coordination, clumsy: Mild 1

15d Headaches: None 0

15e Nausea: None 0

15f Vision Problems, blurring, trouble seeing: None 0

15g Sensitivity to light: Mild 1

15h Hearing Difficulty: Very Severe 4

15i Sensitivity to noise: Very Severe 4

15j Numbness or tingling on parts of my body: None 0

15k Change in taste or smell: None 0

15l Loss of appetite or increased appetite: Mild 1

15m Poor concentration, cannot pay attention: Moderate 2

15n Forgetfulness, cannot remember things: Very Severe 4

15o Difficulty making decisions: Mild 1

15p Slowed thinking, difficulty getting organized, cannot finish things: Moderate 2

15q Fatigue, loss of energy, getting tired easily: Moderate 2

15r Difficulty falling or staying asleep: Moderate 2

15s Feeling anxious or tense: Very Severe 4

15t Feeling depressed or sad: Severe 3

15u Irritability, easily annoyed: Very Severe 4

15v Poor frustration tolerance, feeling easily overwhelmed by things: Very Severe 4

16. Have these symptoms interfered with life of past 30 days: Extremely, in what areas desc: EVERDAY LIVING

17. Pain present in the last 30 days: No

Pain location if other:

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4. Felt numb or detached from others, activities, or your surroundings?

Answer: Yes

PTSD screen score = 4

PTSD screen is 'POSITIVE'

## BIR-TBI SCREENING:

The patient reports service in Operation Iraqi Freedom or Operation Enduring Freedom.

## TRAUMATIC BRAIN INJURY SCREENING

Has the veteran already been diagnosed as having TBI during OIF/OEF deployment?

No

Section 1: The veteran experienced the following events during OIF/OEF deployment:

Blast or Explosion IED (improvised explosive device), RPG (rocket propelled grenade), Land Mine, Grenade, etc.

Vehicular accident/crash (any vehicle, including aircraft)

Section 2: The veteran had the following symptoms immediately afterwards:

Veteran denies any symptoms immediately afterwards. Negative Screen

/es/ JEFFREY F BLOCH  
OEF/OIF Program Manager  
Signed: 01/14/2008 17:01

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Has pain interfered with the individuals life over the past 30 days: Not at all Areas in which individual is having difficulties:

18. Status of symptoms since the time of the deployment: Worse

Additional History: see note

Current Medications: see note

Physical Exam: see note

## PROFESSIONAL CONCLUSION/ASSESSMENT

19. Psychiatric Symptoms: Yes

Symptoms of which disorders are present:  
PTSD

20. SCI: No

21. Amputation: No: None

22. Other significant medical conditions/problems: No

23. Are the history of the injury and the course of clinical symptoms consistent with a diagnosis of TBI sustained during OEF/OIF deployment: Yes

23a. In your clinical judgment the current clinical symptom presentation is most consistent with: Behavioral Health conditions (e.g., PTSD, depression, etc.)

## PLAN

24. Follow up plan: VA Consultation Submitted

Education: Yes

Consults: No

PNC/site: No/

Electro Diagnostic Study: No

Lab: No

Head CT: No

Brain MRI: No

Other Consultation: No

New Med: No

Other Information: see note

Site for Secondary Eval: 521

/es/ JOANNA A HANNAH

STAFF PHYSICIAN

Signed: 02/08/2012 10:05

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# Progress Notes

Printed On Feb 08, 2012

LOCAL TITLE: TRAUMATIC BRAIN INJURY CONSULT RESULT  
 STANDARD TITLE: TBI CONSULT  
 DATE OF NOTE: FEB 08, 2012@09:29 ENTRY DATE: FEB 08, 2012@09:29:47  
 AUTHOR: HANNAH, JOANNA A EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

## TRAUMATIC BRAIN INJURY NOTE

FEB 08, 2012

OEF/OIF Veteran Status: OIF FROM JUN 19, 2006 TO SEP 25, 2007

CHIEF COMPLAINT: TBI Second Level Screen

HISTORY OF PRESENT ILLNESS: Mr. Gay is a 29yo male veteran here for TBI eval. He was deployed from 6/06 - 9/07. He states that during his deployment, he was exposed to multiple blasts. He believes there was about 1 blast that resulted in loss of consciousness. It was related to a suicide bomber who entered the base around 6/07. He estimates he was only out for a few minutes. He mentions that one incident he was not helmeted. He did not have any disorientation and when he regained consciousness, immediately went for cover.

His complaints are as follows:

Decrease irritability/anger:

Develop/resume hobbies:

Improve communication:

Learn more about the TBI diagnosis:

[X] Improve thinking skills (memory attention): he mentions his wife has pointed it out, ex: needs direction in home neighborhood.

Other:

REVIEW OF SYSTEMS: none, denies SI/HI

PAST MEDICAL HISTORY:

Active problems - Computerized Problem List is the source for the following:

- |   |                 |          |
|---|-----------------|----------|
| 1. Depression *   | (ICD-9-CM 311.) | 12/15/11 |
| 2. Elevated Liver Function Tests  |                 | 01/27/10 |
| HE DENIES ALCOHOL USE.  |                 |          |
| 3. Hiatal hernia  |                 | 03/10/10 |
| UGIS 2/10: SEVERE GERD, SMALL 3CM HIATAL HERNIA O/W NL. NO MUCOSAL ABNORMALITIES SEEN.                              |                 |          |
| 4. Gastroesophageal Reflux Disorder   |                 | 03/10/10 |
| OMEPRAZOLE CAUSED DIZZINESS. UGIS 2/10: SEVERE GERD, SMALL 3CM HIATAL HERNIA O/W NL. NO MUCOSAL ABNORMALITIES SEEN. |                 |          |
| 5. Environmental Allergies  |                 | 04/08/08 |
| 6. Posttraumatic Stress Disorder  |                 | 01/20/10 |

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BORLAZA, RONALD F  
HE IS NOT REQUIRING ANY MEDS OR PSYCH FOR NOW.

## SOCIAL HISTORY:

TOB: NONE  
etoh: none  
drugs: none

rank: E-1, loss of rank, related to PTSD,  
lawsuit for increase ptsd rating and change of discharge status,

## MEDICATIONS:

## Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ESCITALOPRAM OXALATE 20MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY	ACTIVE

## ALLERGIES: OMEPRAZOLE

## PHYSICAL EXAM:

## VITALS:

Temp: 97.1 F (36.2 C) (02/08/2012 09:30)  
Pulse: 70 (02/08/2012 09:30)  
Resp: 18 (02/08/2012 09:30)  
BP: 129/69 (02/08/2012 09:30)  
Pain Score: 0 (02/08/2012 09:30)

GENERAL: No Apparent distress; tearful

CARDIOVASCULAR: Regular Rate & Rythm

CHEST: Clear to auscultation

EXTREMETIES: No edema

SLUMS: 18/30 (dementia), -1 animal naming, -3 object recall, -2 serial numbers, -2 time correct, -4 story recall

MOTOR: 5/5 x 4 extremities

Cranial nerves: 3-12 intact

IMPRESSION: According to today's history and current DOD guidelines, GAY, NATHANIEL WAYNE likely sustained a mTBI during deployment.

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STANDARD TITLE: MENTAL HEALTH ADMISSION EVALUATION NOTE  
DATE OF NOTE: MAR 07, 2008@12:23 ENTRY DATE: MAR 07, 2008@12:23:34  
AUTHOR: GEWIN, JOHN W EXP COSIGNER:  
INSTITUTION:  
DIVISION: BIRMINGHAM, ALABAMA  
URGENCY:  
STATUS: COMPLETED

C: "I'm frustrated"

--  
PI:

6 yo male veteran comes to clinic today to establish care with this provider. Veteran has previously been evaluated in PTSD screening and was felt to have PTSD. Veteran reports his symptoms stem from his service in Iraq in the Army. He served there for 15 months as an infantryman and reports being involved in combat daily. He reports his best friend was killed by sniperfire. While serving here, his wife reportedly cheated on him and separated from him. They are now divorced. Veteran becomes extremely depressed and was placed on suicide watch.

Veteran reports ongoing PTSD symptoms, including: nightmares, flashbacks, irritability/anger, sleep problems, intrusive thoughts, avoidance, hypervigilance, increased startle response. Veteran is quite concerned that he will "go off" on someone and get in trouble, possibly fired. He has been able to control things thus far.

Veteran reports depressive symptoms as well: decreased mood, anhedonia, poor sleep, poor energy, poor appetite, poor concentration. He denies recent SI/HI.

Veteran denies psychotic symptoms.

No clear manic symptoms. He does report that he often stays up late cleaning though. He thinks this is because he is anxious and agitated and doesn't want to sit still. He says when this happens, he often feels tired and like he needs sleep but he just can't. He admits to some impulsive behavior immediately upon returning from Iraq: got tongue pierced, tattoo, visited prostitute. He believes this was a reaction to returning from warzone though and denies any similar impulsive behavior at other times. Says his boss occasionally thinks he talks too fast, but this is not long-lasting or episodic. Denies grandiosity. Of note, veteran has been on multiple antidepressants in the past as well.

Veteran was prescribed paroxetine which he took for 2 days. Stopped it because it gave him a vague sense of chest pressure and made him feel "not like myself". He takes ambien prn for sleep approx 1-2x weekly. This has been helpful.

--  
PAST PSYCH HISTORY:

Treated for depression while in Iraq. No history of self-harm or psych hospitalization.

--  
PAST MEDICAL HISTORY:

denies

--  
FAMILY PSYCH HISTORY:

denies

--  
MEDICATIONS:

Active Outpatient Medications (including Supplies):

. RTC in approx 6 weeks for medication followup. Veteran advised he may call to reschedule or call with problems as necessary.

. Veteran seems at low risk for imminent serious self-harm or violence after weighing risk factors. Veteran advised to call 911 or go to ER in event of worsening psychiatric symptoms.

es/ JOHN W GEWIN  
Physician  
Signed: 03/07/2008 14:59

LOCAL TITLE: POST-TRAUMATIC STRESS DISORDER CLINICAL TEAM (PCT)

STANDARD TITLE: MENTAL HEALTH TEAM NOTE

DATE OF NOTE: FEB 05, 2008@08:54 ENTRY DATE: FEB 05, 2008@08:54:56

AUTHOR: BURNETTE,MARY F EXP COSIGNER:

INSTITUTION:

DIVISION: BIRMINGHAM, ALABAMA

URGENCY:

STATUS: COMPLETED

POSTTRAUMATIC STRESS DISORDER CLINICAL TEAM (PCT)

PTSD SCREENING INTERVIEW

DATE/TIME: February 5, 2008

THERAPIST: Fran Burnette, MSW LCSW

PTSD SCREENING INTERVIEW

CC: "I'm here because I think I have PTSD."

COLLATERAL INFORMATION: electronic medical records, DD214 (CIB).

J: GAY, NATHANIEL WAYNE, a 25 yowm, OEF/OIF Veteran who presents to PCT for PTSD Screening, self-referred. The veteran served in the Army from 11/2003 - 11/2007 and US Marine Corp from 2000-2001 and completed one (15 month) tour in IRAQ from 2005-2007. MOS 11B "infantry". DD214 presented this date verifying service in IRAQ and Combat Infantry Badge (CIB).

DSM-IV CRITERIA FOR A PTSD DIAGNOSIS:

CRITERION A (both factors must be present during event): CRITERIA MET

- X 1) The person experienced, witnessed, or was confronted with an event(s) that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- X 2) Response to the trauma involved intense fear, helplessness, or horror

CRITERION B (only one symptom is required): CRITERIA MET

Re-experiencing Symptoms: X Recurrent nightmares of the trauma (combat related)

- X Intrusive thoughts or images of the trauma
- X Flashbacks (triggered and spontaneous)
- X Psychological distress when reminded of the trauma
- Physiological reactivity when reminded of trauma

CRITERION C (three [or more] symptoms are required): CRITERIA MET

Avoidance/numbing Symptoms: X Avoids thoughts/feelings/conversations of trauma

- X Avoid activities/places/people resemble trauma  
Unable to recall an important aspect of trauma
- X Diminished interest/participation in activities
- X Feeling of detachment/estrangement from others
- X Restricted range of affect
- X Sense of a foreshortened future

CRITERION D (two [or more] symptoms are required): CRITERIA MET

Hyperarousal Symptoms: X Difficulty falling or staying asleep

- X Irritability or outbursts of anger
- Difficulty concentrating

- X Hypervigilance
- X Exaggerated startle response

DURATION OF SYMPTOMS: CHRONIC (however, the veteran reports symptoms have progressively gotten worse)

CLINICALLY SIGNIFICANT DISTRESS AND/OR IMPAIRMENT:

SOCIAL (married 1x; pending divorce, 1 daughter, h/o ETOH abuse after returning from IRAQ; currently reported drinking x2/3 beer monthly)

OCCUPATIONAL (Project Manager for Dry Wall Company - reported significant problems with handling employees and customers)

VIOLENT BEHAVIOR:

CURRENT SI: denies

PAST MONTH: denies

PAST YEAR: denies

PAST ATTEMPTS: none

PLAN: none

MEANS: none

ACCESS TO FIREARMS AND STOCKPILED MEDICATIONS: n/a

CURRENT HI: denies

PAST MONTH: denies

PAST YEAR: denies

PAST ATTEMPTS: none

PATIENTS REPORTED SEVERAL VERBAL CONFRONTATIONS WITH OTHERS but is concerned that if he DOES NOT receive assistance with PTSD symptoms that these confrontations could easily escalate to more physical.

SUBSTANCE USE ASSESSMENT: no recent UDS

ETOH: x2/3 beer each month

Drugs: denies

Tobacco: denied current - past 1 ppd

SPIRITUAL/CULTURAL ASSESSMENT: no contradictions with treatment

BRIEF MENTAL STATUS EXAM:

APPEARANCE: WM, appeared his stated age, well-groomed

BEHAVIOR: cooperative, alert, and maintained good eye contact

MOOD: anxious

AFFECT: congruent

SPEECH: WNL; normal rate, rhythm, and tone

THOUGHT: -AV/H, -delusions, -SI/HI

JUDGMENT: good

INSIGHT: good

REPORTED WAR STRESSORS:

"My best friend was killed by sniper fire while I there. I was placed on suicide watch because I got so depressed."

"We had car bombs going off, standing and seeing bullets hit the ground all around me, being on the roof and having rockets go off all around."

PTSD SCREENING INTERVIEW/ SOCIAL WORK

Clinician's Name: Fran Burnette, MSW, LCSW

Date of Assessment/Admission for Treatment: February 5, 2008

I. DESCRIPTION AND BACKGROUND

1. Veteran's Name (Last name, First name) Gay, Nathaniel Wayne

2. Social Security Number: 420-25-3592

3. Date of Birth: February 28, 1982 (25)

4. Gender             1. Male            2. Female

5. Marital Status (Check one)

1. Married	3. Widowed	<input checked="" type="checkbox"/> 5. Divorced
2. Remarried	4. Separated	6. Never Married
		7. Unknown

6. Race/Ethnic Ancestry (Check one)

X 1. White, not Hispanic	4. Hispanic, Black	7. Pacific Islander
2. Black, not Hispanic	5. American Indian/Alaskan	8. Unknown/Other
3. Hispanic, White	6. Asian	

7-9. Service Connected Disability

7. For PTSD (Pre-1980: PTSD often diagnosed as Psychoneurosis)

X. No    1. Yes    2. Veteran declined to answer

8. For Psychiatric. Other than PTSD

X. No    1. Yes    2. Veteran declined to answer

9. For Medical, non-Psychiatric

X. No    1. Yes    2. Veteran declined to answer

10-11. Percent service connection (Leave blank if not service connected)

10. For Psychiatric (Including PTSD) N/A

11. For Physical. N/A

12. Veteran's living arrangement at the time of admission to this program.  
(Check one)

- X 1. Community residence                    5. Veteran declined to answer  
2. Inpatient admission                    6. Clinician failed to ascertain  
3. Residential admission (e.g., PRRP)  
4. Lodging status, whether in the community or the hospital

II. MILITARY

13. Period of Service. (Check all that apply)

1. Pre-WW II                                5. Between Korean and Vietnam Wars  
2. World War II                            6. Vietnam War  
3. Pre-Korean War                           7. Post-Vietnam War  
4. Korean War                              X 8. Persian Gulf War (IRAQ)

14. Did the veteran ever serve in a war zone?

0. No    X 1. Yes    2. Veteran declined to answer

15. Did the Veteran receive friendly or hostile incoming fire from small arms, artillery, rockets, mortars or bombs?

0. No    X 1. Yes    2. Veteran declined to answer

16. Was the veteran ever a Prisoner of War?

- X. No    1. Yes    2. Veteran declined to answer

17. Did the veteran ever observe others or participate (him/herself) in atrocities, such as torturing prisoners, mutilating enemy bodies, or harming civilians? If veteran both observed and participated, select "Participated."  
(Check one)

0. No                                        3. Veteran declined to answer  
X. Observed others                        4. Clinician failed to ascertain  
2. Participated

III. PSYCHIATRIC/ SUBSTANCE USE TREATMENT HISTORY

18. Has the veteran ever been hospitalized for treatment of an emotional or substance use problem, including war stress (PTSD)? (Check one)

0. No                                        2. At a non-VA                            4. Veteran declined to answer  
1. At a VA                                  3. At a VA and non-VA                    5. Clinician failed to ascertain

19. Has the veteran ever received professional treatment as an outpatient for an emotional or substance use problem, including war stress (PTSD)? (Check one)

0. No  
1. At a VA                                3. At a VA and non-VA                    4. Veteran declined to answer

## XLS I

5. PTSD .....	0. No	X	1. Yes
6. PTSS (sub-threshold for PTSD) .	0. No		1. Yes
7. Alcohol Abuse/Dependence	X. No		1. Yes
8. Drug Abuse/Dependence .....	X. No		1. Yes
9. Anxiety Disorder (other than PTSD)	X. No		1. Yes
0. Affective Disorder (Other than Bipolar Disorder)	X. No		1. Yes
Clinician failed to ascertain			
1. Bipolar Disorder.	X. No		1. Yes
2. Schizophrenia .....	X. No		1. Yes
3. Psychosis (other than Schizophrenia)	X. No		1. Yes
4. Other Axis I	0. No	X	1. Yes

## XLS II

5. Personality Disorder	X. No	1. Yes
-------------------------	-------	--------

## III. REFERRAL

6. What was the source of referral to your program? (Check one)

- |                                       |  |
|---------------------------------------|--|
| 1. VAMC clinician or program          | 5. Self-referred or referred by a friend |
| 2. Vet Center                         | 6. Veteran declined to answer            |
| 3. Non-VA clinician or agency         | 7. Clinician failed to ascertain         |
| 4. Community outreach by your program |  |

## IV. SUPPLEMENTAL INFORMATION

7. Has the veteran ever been treated before in a specialized PTSD program?  
(Check one)

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| X. No                              | 3. Yes, both outpatient and inpatient |
| 1. Yes, outpatient only            | 4. Veteran declined to answer         |
| 2. Yes, inpatient/residential only | 5. Clinician failed to ascertain      |

8. Within the past 30 days, has the veteran experienced trouble controlling violent behavior (e.g., hitting someone)?

- |       |   |        |                               |
|-------|---|--------|-------------------------------|
| 0. No | X | 1. Yes | 2. Veteran declined to answer |
|-------|---|--------|-------------------------------|

9. Has the staff of your program verified the veteran's war zone service by reference to the DD 214 or similar military records?

- |       |   |        |
|-------|---|--------|
| 0. No | X | 1. Yes |
|-------|---|--------|

10. Is the veteran being evaluated for PTSD due to sexual trauma, which occurred during active military duty?

- |       |        |                               |
|-------|--------|-------------------------------|
| X. No | 1. Yes | 2. Veteran declined to answer |
|-------|--------|-------------------------------|

11. Is the veteran being evaluated for PTSD due to non-combat nonsexual trauma, which was incurred in the course of military duties?

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 For GENERAL MEDICAL EXAMINATION Exam

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## Exam Results Continued

## MUSCLE SYMPTOMS:

None

ARE THERE FLARE-UPS OF MUSCLE DISEASE? NO

## JOINT SYMPTOMS:

None

ARE THERE FLARE-UPS OF JOINT DISEASE? NO

## LEFT FOOT SYMPTOM(S):

None

## RIGHT FOOT SYMPTOM(S):

None

ARE THERE FLARE-UPS OF FOOT DISEASE? NO

IS THE EXAMINATION FOR INTERVERTEBRAL DISC SYNDROME? NO

## OTHER SPINE AND DISC DISEASE SYMPTOM(S):

None

ARE THERE FLARE-UPS OF SPINAL DISEASE? NO

IS THERE A HAND PROBLEM? NO

ARE THERE FLARE-UPS OF HAND DISEASE? NO

## ASSISTIVE AIDS NEEDED FOR WALKING:

None

## NEUROLOGIC ROS

IS THERE A HISTORY OF WEAKNESS OR PARALYSIS? NO

IS THERE A HISTORY OF PARESTHESIAS? NO

IS THERE A HISTORY OF NUMBNESS? NO

IS THERE A HISTORY OF MEMORY LOSS? Yes

IS THERE A HISTORY OF POOR COORDINATION? NO

IS THERE A HISTORY OF VISION LOSS? No

IS THERE A HISTORY OF SPEECH DIFFICULTY? NO

IS THERE A HISTORY OF OTHER SYMPTOM(S)? No

## PSYCHIATRIC ROS

IS THERE A HISTORY OF INTERPERSONAL RELATIONSHIP DIFFICULTIES? Yes

IS THERE A HISTORY OF DEPRESSION? Yes

IS THERE A HISTORY OF PANIC ATTACKS? Yes

IS THERE A HISTORY OF SUBSTANCE ABUSE? No

IS THERE A HISTORY OF MEMORY PROBLEMS? Yes

IS THERE A HISTORY OF LOSS OF CONTROL/VIOLENCE POTENTIAL? Yes

IS THERE A HISTORY OF HOMICIDAL SYMPTOMS? No

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Exam Results Continued

BEHAVIORAL DISTURBANCES OR LEGAL PROBLEMS PRIOR TO SERVICE? No

MILITARY HISTORY

DATE(S) OF SERVICE: 8/31/2004-11/19/2007

BRANCH OF SERVICE: Army

HIGHEST RANK OBTAINED: E4

TYPE OF DISCHARGE: General under honorable conditions

RANK AT DISCHARGE: E1

MILITARY OCCUPATIONAL SPECIALTY: INFANTRYMAN

DECORATIONS AND MEDALS AWARDED: MARINE CORPS GOOD CONDUCT MEDAL;  
NATIONAL DEFENSE SERVICE MEDAL; GLOBAL WAR ON TERRORISM SERVICE  
MEDAL;  
IRAQ CAMPAIGN MEDAL; ARMY SERVICE RIBBON; CIB

DISCIPLINARY INFRACTIONS AND ADJUSTMENT PROBLEMS: YES - verbal  
altercations with superiors, was demoted in rank; did not get  
R&R;  
stated they felt he was "flight risk" due to home situation.

DID THE VETERAN HAVE COMBAT EXPERIENCE: Yes

WERE COMBAT WOUNDS SUSTAINED: No

LOCATION AND DATE OF COMBAT EXPERIENCE: 6/19/2006-9/25/2007 IRAQ

ALCOHOL USE OR ABUSE: No Problematic Effects

OTHER SUBSTANCE USE OR ABUSE: No Use

OTHER SIGNIFICANT MILITARY HISTORY: No significant medical history  
reported.

"pattern of misconduct" reported on DD-214. Veteran reports memory

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## Exam Results Continued

problems, work problems, anger, irritability. Stated that they took his having PTSD as a sign of disrespect, such as when he would get 'snappy' with a superior. Stated that he kept getting in trouble for making smart comments, not wanting to be there. Stated he was getting shot at every day, could not sleep. No physical violence reported. Reported that he did not receive any leave time. Stated he was furious at his wife for leaving him in June 07. Stated that his friend, who helped him through relationship problems, died by sniper fire June 9 07, which happened to be the same day his grandmother passed away. A few days later he found his wife was having an extramarital affair. He stated that he started stuttering, etc. Stated "they twisted everything I have done the wrong way." Stated that he went to mental health everyday.

\*\*\*\*\*

## PTSD INITIAL: POST MILITARY PSYCHOSOCIAL HISTORY

LEGAL HISTORY? Yes

COMMENTS AND DESCRIPTION OF LEGAL HISTORY:

Arrested after return from service due to threatening comments made toward wife. Spent 12 hours in jail. Still going to court for divorce proceedings.

EDUCATIONAL ACCOMPLISHMENTS? No

DESCRIPTION OF MARITAL AND FAMILY RELATIONSHIPS:

In the process of divorce. Was married for about 3 years. Described some "bickering" prior to service, but escalated during service.

Has a daughter, age 2. Has not seen her since she was 3 weeks old. Wife currently has emergency restraining order against veteran. Veteran lives with roommate in an apartment. No current romantic

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## Exam Results Continued

ATTITUDE TOWARD EXAMINER:  
 Cooperative

AFFECT:  
 Constricted

MOOD:  
 Agitated, Dysphoric

ATTENTION:  
 Attention - Intact

ORIENTATION:  
 INTACT TO PERSON: Yes

INTACT TO TIME: Yes

INTACT TO PLACE: Yes

THOUGHT PROCESS:  
 Unremarkable

THOUGHT CONTENT:  
 Unremarkable, Preoccupation with one or two topics

JUDGMENT: Understands outcome of behavior

INTELLIGENCE: Average

INSIGHT: Patient understands that he/she has a problem.

DOES THE PATIENT HAVE SLEEP IMPAIRMENT? Yes

COMMENTS AND DESCRIPTION OF EXTENT SLEEP IMPAIRMENT INTERFERES WITH DAILY ACTIVITY:

Has difficulty with sleep onset 4x per week. Reports feeling tired during the day.

TYPE OF HALLUCINATIONS:  
 None

DOES THE PATIENT HAVE INAPPROPRIATE BEHAVIOR? Yes

EXAMPLES OF INAPPROPRIATE BEHAVIOR:

History of threatening comments toward wife.

INTERPRETS PROVERBS APPROPRIATELY? Yes

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Exam Results Continued

DOES THE PATIENT HAVE OBSESSIVE/RITUALISTIC BEHAVIOR? Yes

DOES THE PATIENT HAVE PANIC ATTACKS? Yes

FREQUENCY, SEVERITY, DURATION AND EFFECTS ON FUNCTIONING:

Hyperventilating; feels he is going to die; heart palpitations; 2x per week; for few minutes each.

IS THERE PRESENCE OF HOMICIDAL THOUGHTS? Yes

COMMENTS:

Passive ideation; no intent, or plan.

IS THERE PRESENCE OF SUICIDAL THOUGHTS? No

EXTENT OF IMPULSE CONTROL: Fair

EPISODES OF VIOLENCE: Yes

ABILITY TO MAINTAIN MINIMUM PERSONAL HYGIENE? Yes

IS THERE PROBLEM WITH ACTIVITIES OF DAILY LIVING: No

MEMORY

REMOTE MEMORY: Normal

RECENT MEMORY: Mildly Impaired

IMMEDIATE MEMORY: Normal

EXAMPLE(S) OF MEMORY DISORDER:

Veteran recalled 3/3 words immediately after they were presented by the examiner and none after a short delay.

Stated that he has had short-term memory problems; feels that this affects his work

PTSD STRESSORS

STRESSOR EVENT(S) THE VET FOUND PARTICULARLY TRAUMATIC:

Combat experience

DESCRIPTION OF STRESSOR: Combat experience

DATE AND LOCATION: Iraq 2006-2007

TRAUMA OCCURRED: During Military Service

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## Exam Results Continued

INDIVIDUALS WHO WITNESSED OR WERE INVOLVED IN THE EVENT:  
 see below

INTENSE FEAR: Yes

FEELING OF HOPELESSNESS: Yes

FEELING OF HORROR: Yes

HEALTH CARE FACILITIES WHERE TRAUMA-RELATED INJURIES WERE TREATED:

veteran not injured.

ADDITIONAL COMMENTS: Stated that they were under fire, small arms fires, IED every day. Veteran fired his weapon at the enemy. Stated that he was with a striker brigade.

He reported that car bombs were driven threw the gate, and driver

blew up herself. Veteran stated that he saw this happen, was a football field in distance away.

Stated that he had several friends who were killed or injured.

Veteran's friend, Scott Alan Miller was killed as they were entering

and clearing rooms. A sniper fired at him from on the roof. Veteran was present when this occurred.

Billy Farris, blown up by IED. Veteran was not present during the attack but saw the aftermath.

Stated that he saw dead bodies on the roads.

---

## TRAUMA EXPOSURE TESTING

---

TESTING FOR TRAUMA EXPOSURE VETERAN HAS UNDERGONE:

No testing has been done

## PTSD SYMPTOMS

---

PERSISTENT RE-EXPERIENCING THE TRAUMATIC EVENT BY:

Recurrent and intrusive distressing recollections of the event,

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including images, thoughts, or perceptions; Recurrent distressing dreams of the event

PERSISTENT AVOIDANCE OF STIMULI ASSOCIATED WITH THE TRAUMA AND NUMBING

OF GENERAL RESPONSIVENESS:

Efforts to avoid thoughts, feelings, or conversations associated with the trauma, Efforts to avoid activities, places, or people that arouse recollections of the trauma, Feeling of detachment or estrangement from others

PERSISTENT SYMPTOMS OF INCREASED AROUSAL:

Difficulty falling or staying asleep, Irritability or outbursts of anger, Hypervigilance, Exaggerated startle response

THE DISTURBANCE CAUSES CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT IN

SOCIAL, OCCUPATIONAL OR OTHER IMPORTANT AREAS OF FUNCTIONING: Yes

DESCRIPTION OF THE ONSET OF SYMPTOMS: Chronic

FREQUENCY, SEVERITY AND DURATION OF PTSD SYMPTOMS FOUND:

Symptoms are moderate and have persisted since his tour in Iraq. Stated that helicopters bring back memories of Iraq. Has nightmares 2-3x per week.

LENGTH OF REMISSES AND CAPACITY FOR ADJUSTMENT DURING REMISSION:

N/A

BEHAVIORAL, COGNITIVE, SOCIAL, AFFECTIVE, OR SOMATIC CHANGE THE VETERAN

ATTRIBUTES TO STRESS EXPOSURE:

see above.

TESTS

=====

INTERVIEW-BASED DIAGNOSTIC INSTRUMENTS FOR PTSD:

None

QUANTITATIVE PSYCHOMETRIC ASSESSMENT OF PTSD SYMPTOM SEVERITY:

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## Exam Results Continued

DESCRIPTION OF PRIMARY STRESSOR(S) RELATED TO PTSD:  
 combat experience in Iraq. stressor is conceded.

DOES THE VETERAN MEET THE DSM-IV CRITERIA FOR A DIAGNOSIS OF PTSD? Yes  
 AXIS I: PTSD, mild; Depressive Disorder NOS

IF ANY ADDITIONAL MENTAL DISORDERS HAVE BEEN DIAGNOSED, EXPLANATION  
 OF

HOW THE SYMPTOMS ARE RELATED TO OR ARE PART OF EACH MENTAL  
 DISORDER:

PTSD: sx of arousal, avoidance, re-experiencing  
 Depressive Disorder NOS - depressed mood in relation to  
 psychosocial  
 stressors of divorce and legal process

AXIS II: Diagnosis deferred

AXIS III: Diarrhea

AXIS IV: Divorce; legal process

AXIS V: GLOBAL ASSESSMENT OF FUNCTIONING

SCORE: 62 TIME FRAME: Current functioning

COMMENTS:

Veteran evaluated by Kristi Clements, Ph.D., under the  
 supervision  
 of Katherine Fabrizio, Ph.D., Licensed Clinical Psychologist.

## PSYCH SUMMARY

CHANGES IN FUNCTIONAL STATUS AND QUALITY OF LIFE SINCE LAST EXAM:

Performance in employment, Physical health, Social/interpersonal  
 relationships, Other

COMMENTS CONCERNING FUNCTIONAL STATUS AND QUALITY OF LIFE:

Veteran reports mild memory and concentration problems since his  
 return from service, which he feels has impacted his work  
 performance. He noted sleep disruption and irritability. He  
 stated

that he has been experiencing diarrhea and weight loss. Veteran  
 indicated that while he was serving in Iraq, his wife had an  
 extramarital affair and they are in the process of divorce. He  
 reportedly made threatening comments toward her and his wife now  
 has  
 a restraining order placed against him.

DESCRIPTION OF LINKAGE BETWEEN PTSD SYMPTOMS AND AFOREMENTIONED CHANGES  
 IN

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## Pvt Scott Alan Miller

Birth: Jul. 14, 1986  
Casper  
Natrona County  
Wyoming, USA  
Death: Jun. 9, 2007  
Baghdad, Iraq

Scott talked of joining the Army as a boy and did so in July 2004, after graduating from Natrona County High School. He was supposed to have been discharged recently, but his tour was extended by three months. He wasn't known for being a good student, but he had lots of friends and loved to laugh and talk and spend time with his family, deer hunting, barbecuing, going to dinner dates with his grandmother, fishing and being outside. He was fun loving and easy going and always had a smile for anyone. He was a great athlete and a gentle giant. He was a chewer of Copenhagen and a "git 'er done" sort of guy, much to his parents' chagrin. Three of the most important things in his life were his brothers, Mark and Paul, and his girlfriend, Anita Renemans. Scott was assigned to the 5th Battalion, 20th Infantry Regiment, 3rd Brigade, 2nd Infantry Division (Stryker Brigade Combat Team), Fort Lewis, Washington. He is survived by his parents, Robert "Bob" and Susan "Susi" (Harris) Miller; two brothers, Mark and his wife, Brooke and their son, Talan; and Paul; grandparents, Oral and Joan Miller and Mary and the late Jim Harris, all of Casper; Great-Grandma, Luci Harris of Atchison, Kansas; 19 cousins, 17 aunts and uncles and numerous great-aunts, uncles and cousins. Scott is finally home in Casper, where he always wanted to be.

Burial:  
Oregon Trail State Veterans Cemetery  
Evansville  
Natrona County  
Wyoming, USA  
Plot: BURIED AT: SECTION B SITE 1153

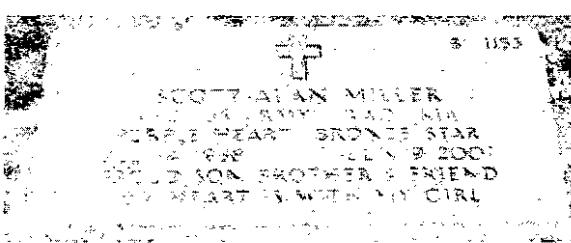
Created by: Sue  
Record added: Jun 12, 2007  
Find A Grave Memorial# 19848656



Added by: Sue



Added by: Sue



Added by: Inga McCoy

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4/11/2017

Army Cpl. Casey L. Mellon | Military Times

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## Army Cpl. Casey L. Mellon

Died September 25, 2006 Serving During Operation Iraqi Freedom

21 of Hueneme City, Ariz., assigned to Bravo Company, 20th Infantry Regiment, 3rd Brigade, 2nd Infantry Division (Stryker Brigade Combat Team), Fort Lewis, Wash., died Sept. 25 in Balad, Iraq, of injuries sustained when his armored patrol came in contact with enemy forces using small-arms fire during combat operations in Mosul, Iraq.

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**2009**

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**2008**

January February March  
April May June July  
August September  
October November  
December

**2007**

January February March  
April May June July  
August September

**2006**

January February March  
April May June July  
August September

**2005**

January February March  
April May June July  
August September

**2004**

January February March  
April May June July  
August September

**2003**

January February March  
April May June July  
August September



f    t    e

# Jesse L. Williams, 25

## (/wardead/age/twenty-five/)



Army (/wardead/branch/army/), Staff Sergeant

Based: Ft. Lewis, Wash. (/wardead/base/ft-lewis-wash/)

5th Battalion, 20th Infantry Regiment, 3rd Brigade, (Stryker Brigade Combat Team) 2nd Infantry Division (/wardead/unit/5th-battalion-2/)

Supporting: Operation Iraqi Freedom (/wardead/supporting/operation-iraqi-freedom/)

Died: April 8, 2007 (/wardead/date/2007/04/)

Baqubah (died in Balad), Iraq (/wardead/place-of-death/iraq/)

Married (/wardead/marital-status/married/), 1 child (/wardead/children/one/)

Gender: Male (/wardead/gender/male/)

Hometown: Santa Rosa (/wardead/hometown/santa-rosa/)

High School: Santa Rosa High (Santa Rosa) (/wardead/high-school/santa-rosa/santa-rosa-high/)

Burial: Santa Rosa Memorial Park, Santa Rosa, Calif. (/wardead/cemetery/santa-rosa-memorial-park-santa-rosa-calif/)



(/wardead/branch/army/)

“

Don't let me be forgotten in Santa Rosa.... Tell them I died for you and them.

”

— Jesse L. Williams, In a letter to be read in the event of his death

Known for being charming and humorous, Williams had promised his wife on their wedding day that he would make her laugh every day for the rest of her life.

### Related

- » Times obituary  
(http://articles.latimes.com/2007/06/10/williams10)

© Daniel J. Santee, 04/14/2007  
(...//.../wardead/name/daniel-j-santee/)

James J. Coon, 04/04/2007 ©  
(...//.../wardead/name/james-j-coon/)

### Nine memories of Jesse L. Williams

“

I never new the guy but sounds like a really good dude. It hurts me a lot to see all of these awesome people gone. Everlasting love and light on your souls journey through Gods Land.

”

— Ryan, October 14, 2009 at 11:29 a.m. ↗ (/wardead/name/jesse-l-williams/#c18542)

“

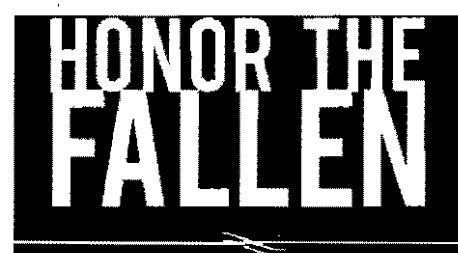
I miss you Jesse, you were the best bro ever, R.I.P man, I love you Jess

”

— Kelli Ohumukini, December 16, 2009 at 10:57 a.m. ↗ (/wardead/name/jesse-l-williams/#c20074)

“

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Honoring those who fought and died in Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn



SHARE

## Army Capt. Richard G. Cliff Jr.

Died September 29, 2008 Serving During Operation Enduring Freedom

Cliff, 29, of Mount Pleasant, S.C., assigned to the 1st Battalion, 7th Special Forces Group, Fort Bragg, N.C., died Sept. 29 in Takhar, Afghanistan, from wounds sustained when his vehicle encountered an improvised explosive device during mounted operations. Also killed were Sgt. 1st Class Jamie S. Kroll and Sgt. 1st Class Gary J. Vasquez.

Army Capt. Richard G. Cliff Jr. remembered

The Associated Press

Richard G. Cliff Jr. spent as much time in his father's garage as a dolphin, swimming and surfing with his brother. The two boys, born only 10 months apart, had a special bond.

"It was just him and me," Eddie recalled. "He was my big brother and I looked up to him."

Cliff, 29, of Mount Pleasant, S.C., was killed Sept. 28 in an explosion in Takhar, Afghanistan. He was a 2002 graduate of Appalachian State University and was assigned to Fort Bragg.

He enrolled in high school and soon joined the Air Force. He did two tours in Iraq. Before his 2006 deployment ended, Cliff was called to Camp Pendleton, Calif., to take the Special Forces Qualification Course.

Cliff was so serious about his duty that he slept in his car in Charleston at his family's house on Folly, running up and down the ramp with a 70-pound rucksack on to get ready for his morning. He earned the Green Beret in July.

Cliff had come home for the Sept. 4 birth of his son and returned to Afghanistan a week later. He was about as fit as a fiddle when he died, said Eddie Cliff. "He was a very proud father."

Cliff also is survived by his wife, Stacy, and son, Richard.

## SEARCH OUR DATABASE

First Name

Last Name

Date Range



Conflict

Home State

Home Town

**SEARCH**

## Visit By Year & Month

2017

January February March  
April May June July  
August September  
October November  
December

2016

January February March  
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August September  
October November  
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2015

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2012

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January February March  
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August September

2003

January February March  
April May June July  
August September

## Capt Drew Nicholas Jensen

Birth: Oct. 1, 1979  
Coos Bay  
Coos County  
Oregon, USA  
Death: Sep. 7, 2007  
Seattle  
King County  
Washington, USA

Army Capt. Jensen was assigned to the 5th Battalion, 20th Infantry Regiment, 3rd Brigade, 2nd Infantry Division (Stryker Brigade Combat Team), Fort Lewis, Washington. Jensen died in Seattle of wounds suffered when insurgents attacked his unit using small-arms fire during combat operations May 7 in Baqubah, Iraq. Drew grew up in Damascus, Oregon where he graduated from Sam Barlow High School. He then attended West Point Military Academy in 2002 with a bachelor's degree in history. As a member of the first Stryker Brigade, he was deployed to Iraq from November 2003 to October 2004. He was then deployed again in June 2006 leaving behind his wife and best friend, Stacia. On May 7, 2007, Drew, as the mortar platoon leader, set out to recover a Bradley Fighting Vehicle damaged by a roadside bomb in Baquba. As his group came under small-arms fire, he spotted a lone soldier pinned behind a vehicle. He left the shelter of a building and ran to help but he never made it. A sniper had taken aim and Drew was hit in the neck. The attack left him paralyzed and unable to breathe on his own. After emergency treatment in Iraq, he was sent to Landstuhl, Germany for stabilization and later flown to Walter Reed Army Medical Center in Washington, D. C. While in the intensive care unit, Drew received two surprise visitors – retired naval pilot George Kraus and Prince Leopold D'Arenberg of Belgium whose mother and sisters were rescued by American soldiers from a Nazi death camp in 1945. Both were visiting on behalf of a Virginia-based philanthropic organization and a fund was set up to help families of severely injured soldiers. On June 1, Drew left by private plane for the Puget Sound VA in Seattle. In November 2003 before leaving on his first combat tour, he made arrangements to not live by artificial life support if severely injured – his wishes were followed. He closed his own funeral with an audio recording in which he apologized to those who couldn't understand his decision.



Added by: Ron



Added by: Ron

4/11/2017

Drew was an Eagle Scout and a natural born leader. He inspired those around him with his leadership qualities, charisma, loyalty and being a genuine person – he never had anything bad to say about anyone. Drew was a wonderful person who never bragged about his successes at West Point and in Iraq. He was a passionate person who gave his best to whatever he did – he handled an extraordinarily difficult situation in his own extraordinary way.

**Burial:**[Willamette National Cemetery](#)

Portland

Multnomah County

Oregon, USA

Plot: Section S, Site 834

Created by: [Brenda N](#)

Record added: Sep 10, 2007

Find A Grave Memorial# 21477721

Added by: [Brenda N](#)

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[Click here to view all images...](#)- [Shamrocks](#)

Added: Sep. 10, 2015

- [Sincerely Yours](#)

Added: Sep. 8, 2014

Thank you for your service and  
sacrifice. Rest in peace.- [Clare](#)

Added: Sep. 7, 2014

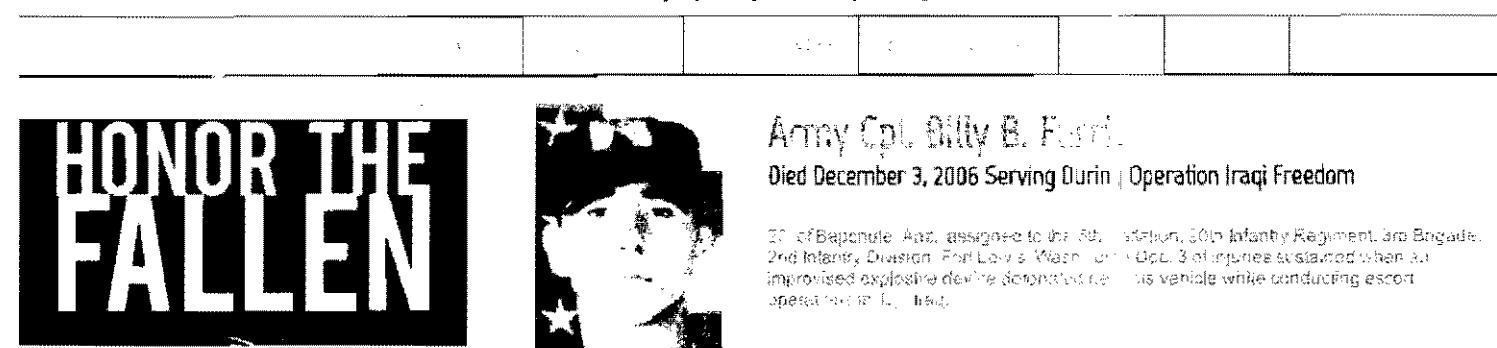
**Blessings**

There are 41 more notes not showing...

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4/11/2017

Army Cpl. Billy B. Farris | Military Times



Honoring those who fought and died in Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn

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## SEARCH OUR DATABASE

First Name

Last Name

Date Range

mm/dd/yyyy

mm/dd/yyyy

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Home Town

**SEARCH**

## View By Year & Month

**2017**

January February March  
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**2009**

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**2008**

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**2007**

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**2006**

January February March  
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**2005**

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August September

**2004**

January February March  
April May June July  
August September

**2003**

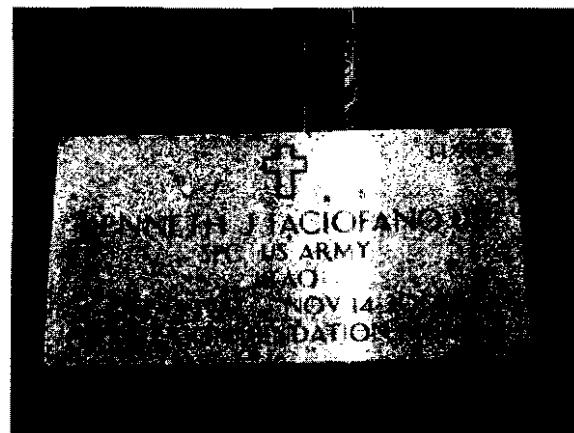
January February March  
April May June July  
August September

## Kenneth J Iaciopano, Jr

Birth: Sep. 13, 1987  
Death: Nov. 14, 2009

Note: SPC US ARMY; IRAQ

Burial:  
Rhode Island Veterans Memorial Cemetery  
Exeter  
Washington County  
Rhode Island, USA  
Plot: Section J-1 Row 12 #900



Added by: SCVet

Created by: GerbLady  
Record added: May 20, 2010  
Find A Grave Memorial# 52617147



Cemetery Photo  
Added by: Rick OBrien



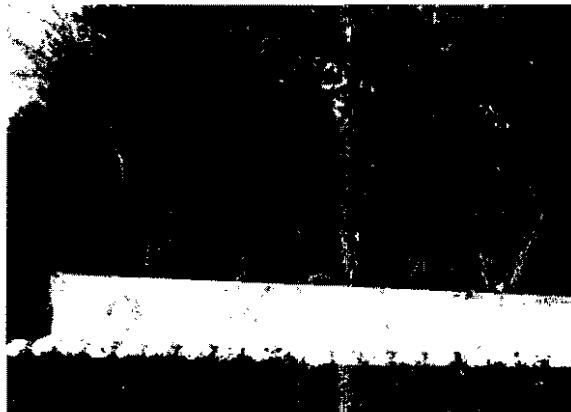
- Veteran's family  
Added: Oct. 4, 2012

## Simon W Ling

Birth: Dec. 21, 1986  
Death: May 13, 2015

Burial:  
Calverton National Cemetery  
Calverton  
Suffolk County  
New York, USA  
Plot: Section 35 Site 3361

Created by: J. Edward Ross  
Record added: May 25, 2015  
Find A Grave Memorial# 146951149



Cemetery Photo  
Added by: John T. Chiarella